

HOTEL BOOKING FORM

Reservations must be processed through the housing agency Amiconi Consulting SA. Please fill and return to: info@amiconiconsulting.ch

Personal information individuals:

Family name:
Company/Institute:
City/ Country:

Prof. Dr. Mr. Mrs. Ms.
First name:
Invoicing Address:
E-mail:

Information for Groups (from 5 rooms):

Company name:
Contact person:
Total n. of rooms needed:

Invoicing address:
E-mail address:
Type of rooms:

Hotel selection:

Preferred hotel category 1*-2* 3* 4* 5*
Preferred Hotel's name:
1' choice 2' choice 3' choice
Type of room: SGL Single DSU Double Single Use DB /TWIN Double /2beds
Other type (please specify)

Arrival date: Departure date: Total n° of nights:
Accompanying person/s:
Additional needs:

The rates are in CHF (Swiss Francs), per room and night, and include breakfast and 2022 VAT. The tourist taxes are not included. In case taxes and VAT will increase, they will be changed accordingly.

Bookings are made on a first come first served basis ONLY upon receipt of your housing form along with the hotel deposit. Every effort will be made to ensure you with an accommodation that best fits your needs.

Payment policy:

50% deposit is due at the confirmation, 50% balance invoice has to be settled within 1 month before arrival. From March 15th 2022 onwards only full payment by credit card will be accepted.

- Credit card (+ 4% of credit card fees).
- Bank transfer

Cancellation policy:

Up to 3 months before arrival, the cancellation is free of charge, except an administrative charge of 50 CHF + VAT. After this term a penalty of 50% applies until 1 month before arrival. Full penalty applies from this date onwards. Cancellations must be communicated by email. This contract is subject to law of Switzerland.

I agree with the terms above*

Signature

*In compliance with the GDPR, Amiconi Consulting SA hereby informs that the information here given will solely be managed internally and used exclusively for the purpose of communication within the scope of the congress activities.

Airport private transfers' request please fill in and return this form to info@amiconiconsulting.ch

Personal/Group information: Prof. Dr. Mr. Mrs. Ms.

Family name: First name:
Group name: Contact person:
Company/institute: Invoicing Address:
City/ Country: E-mail:

ARRIVAL transfer DATE:
AIRPORT/STATION: MALPENSA T1(International flights) MALPENSA T2(Easy-jet)
 LINATE BERGAMO LUGANO RAILWAY STATION OTHER
DROP OFF Location (name of the hotel or address)
N. PERSONS: N. And Type of Luggage:
FLIGHT DETAILS: FLIGHT ARRIVAL TIME:

RETURN Transfer DATE:
PICK UP Location (name of the hotel or address)
AIRPORT/STATION: MALPENSA T1(International flights) MALPENSA T2(Easy-jet)
 LINATE BERGAMO LUGANO RAILWAY STATION OTHER
N. PERSONS: N. And Type of Luggage:
FLIGHT DETAILS: FLIGHT DEPARTURE TIME:
NAME OF PASSENGER/GROUP:
PASSENGER MOBILE/ REFERENCE PERSON onsite:
(Name and Phone number WITH AREA CODE)

Payment Procedures: A total deposit is required of the booking (100%)

Cancellation policy: If the cancellation is notified at least 10 days before the transfer date a refund of 50% of the total cost (minimum penalty 50 CHF). Changes of pick-up date and time are not accepted after confirmation, unless the time of flight changes or in case of emergencies. All changes will become effective ONLY if the transfer Company is able to fulfil the request and upon confirmation of Amiconi Consulting SA. Changes might cause a surcharge. Penalties apply in case of waiting time of a vehicle. Late changes might cause an additional charge.

I agree with the above conditions* Signature

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